## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-63-010578** 

DEP	ARTM	ENT	ro	PU	BLIC	HEALTH AND WELFARE		1000	)	353	STATE FILE NU	MRER
DO NOT WRITE ON THIS STUB		AME	NDED	ΞIJ		D'MAR'''' (1963	Primary Registratio	n District No.	Registrar's No.			<u> </u>
VS 300 Rev. 4/59	ENDED		•		1.	PLACE OF DEATH  a. COUNTY  Buchanan  b. CITY (If outside corporate limits, give to the corporate limits)	OWNSHIP only)	Length of stay in 1b	41	CE (Where deceased to Ouri b. COUNTY I		Residence before admission) Inside Limits
_	AME					TOWN St. Joseph		44 years	TOWN S	St. Joseph		Yes 🕦 No 🗆
5117					i	c. FULL NAME OF (If NOT in hospital, giv HOSPITAL OR	e location)	Inside Limits	d. STREET ADDRESS	(If cutside,	give (ocation)	Reside on Ferm
25/17x	DATE				<u> </u>	institutionMeth.Hosp.& M	edical Cer		ADDRESS.	2827 S. 23rd	1 St.	Yes   No 🕱
3					3.	NAME OF DECEASED First (Type or print)	-	Middle	Last	4. DATE MA	onth Day	Year
	1					MARION	· I	OUIS W	ALKER	DEATH Mercl	h 10, 1963	
<i>ع</i> <sup>4:</sup>		-			5.	SEX 6. COLOR OR RA			8. DATE OF BIRTH	9. AGE (lest birthday)	Months Days	IF UNDER 24 HR Hours Min.
5 /		1				ale white	Widowed	_	4/10/1882	80	,	
<del></del>					10a	. USUAL OCCUPATION (Give kind of work		BUSINESS OR INDUSTR	1	•	. 1	WHAT COUNTRY
6	<b> </b>		:			during most of working life, even if retire retired	Packi	ng Plant	Duncan Br	<b>~</b>	USA	
7 0	FOLLOW	1			13a	FATHER'S NAME		MOTHER'S MAIDEN NAM		14. NAME OF	HUSBAND OR WIFE	
	준	1				William H. Walker		izabeth Capp		Anna	a C.	
<u> </u>	S.			.		WAS DECEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	ĭ	· · ·	Address	
9332X	ш .				'no	) <del></del>	•		Anna C. Wal	ker,2827 S.		
10	¥			Ż.	l	18. CAUSE OF DEATH (Enter only one cause PART I., DEATH WAS CAUSE)	ED BY:				- IN	TERVAL BETWEEN NSET AND DEATH
<u> </u>	ا چا	1		ME.	ľ	IMMEDIATE CA	<sub>ISE (a)</sub> Cerebi	al Thrombosi	.s ,		1	month_
11	800			DOCUMEN		•	· · · · · · ·	_				
12 2 -0	12 3			임		Conditions, if any, ) DUE	то (ы) Arteri	osclerosis ·			<b>t</b> ns	ears
	THIS		+				TO (c)		·•			
	8			11	8	PART II. OTHER SIGNIFICA	INT CONDITIONS Conversion PART I (a)	ONTRIBUTING TO DEAT	H but not related to	the terminal PART	111. If deceased them a pregnar	was female was ncy in last 90 days,
	S   2				Ş	Pulmonary Empl			٠		-	No 🔲 Unknown
	AMENDMENT				CERTIF		UICIDE HOMICIDI	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	in PART I or PART II	of item 18.)
C INK RIBBON	AME				(Jing)	20c. TIME OF Hour Month, Day, Ye in Jury P. M. P. Month, Day, Ye p.m.			·	· · · · · · · · · · · · · · · · · · ·	201115	
				-	164 8	20d. INJURY OCCURRED WHILE:AT WORK  NOT WHILE AT WORK	PLACE OF INJURY (effarm, factory, street,	office bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
ER OR	READ	-	ļ,		3	21. I attended the deceased from 2/	12/63		<u>63</u>	d last saw her alive on	3/10/63	<del></del>
<b>₽</b>			H		2	Ω	:30 p.			and to the best of my kn	owledge, from the c	auses stated.
∑ پښ			]			Death occorred al			22b. ADDRESS	•		22c. DATE SIGNED
USE BLAC OR IYPEWRITER	HOUL			Q	1	226. SIGNATURE	(Degree or title)	20	706 Franci	s St. Jose	nh. Mo-	3/12/63
≱	ş	1		VIT	4	Uller Softe	man	AE OF CEMETERY OR CRE		23d. LOCATION (City, to		(State)
	1.15		$\sqcap$	DA	23a	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)						
	) ·   Ø	:		FFI		burial   3/14/196	ADDRESS Mt.	Auburn Cemet	TERRO BY LOCAL P	St. Joseph	Misson	
	TEM			3¥ Ā	24.	FUNERAL DIRECTOR	* *************************************	eph. Mo. Zu		740. Cla	A Hood	rell_

by	<u>.</u>		* ** *			Student Embalme	er No	
•			-		• 1		7.	
ing v	nder my	personal supervision.				•		, ,
7.	7 7		2.29	,			15	_
4				Signed	Cin	un W	vol	
ent								
		Signature of Student Embalmer		oigned	7			<del>_</del>
ent	y rung	Signature of Student Embalmer	2	orgined			22.1	<del>-</del>
ent		Signature of Student Embalmer		orgined	Lice	nsed Embalmer No	3804	÷

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.